



Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |  |
|------------------------|--|
| Application Number     | 09/916,900   |
| Filing Date            | July 26, 2001  |
| First Named Inventor   | Gowri Rajaram  |
| Title                  | System and Method for Field Downloading a<br>Wireless Communications Device Software Code<br>Section |
| Group Art Unit         | 2681   |
| Examiner Name          | To Be Assigned   |
| Attorney Docket Number | UTL 00073  |

I hereby appoint:

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

☒ Practitioner(s) named below:

| Name                  | Registration Number |
|-----------------------|---------------------|
| William J. Kolegraff  | 41,125              |
| Lester J. Anderson    | 45,833              |
| Manuel F. de la Cerra | 45,776              |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

|   |   |       |                  |     |            |
|---|---|-------|------------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Kyocera Wireless Corp., Attn: Patent Department |       |                  |     |            |
| Address   | PO Box 928289                                   |       |                  |     |            |
| Address   |   |       |                  |     |            |
| City  | San Diego                                       | State | CA               | Zip | 92192-8289 |
| Country   | USA   |       |                  |     |            |
| Telephone   | 858 / 882 - 2000                                | Fax   | 858 / 882 - 3650 |     |            |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

|           |                  |
|-----------|------------------|
| Name      | Gowri Rajaram    |
| Signature |                  |
| Date      | December 3, 2001 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |  |
|------------------------|--|
| Application Number     | 09/916,900   |
| Filing Date            | July 26, 2001  |
| First Named Inventor   | Gowri Rajaram  |
| Title                  | System and Method for Field Downloading a<br>Wireless Communications Device Software Code<br>Section |
| Group Art Unit         | 2681   |
| Examiner Name          | To Be Assigned   |
| Attorney Docket Number | UTL 00073  |

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

| Name                  | Registration Number |
|-----------------------|---------------------|
| William J. Kolegraff  | 41,125              |
| Lester J. Anderson    | 45,833              |
| Manuel F. de la Cerra | 45,776              |
|                       |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

|   |   |       |                  |     |            |
|---|---|-------|------------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Kyocera Wireless Corp., Attn: Patent Department |       |                  |     |            |
| Address   | PO Box 928289                                   |       |                  |     |            |
| Address   |   |       |                  |     |            |
| City  | San Diego                                       | State | CA               | Zip | 92192-8289 |
| Country   | USA   |       |                  |     |            |
| Telephone   | 858 / 882 - 2000                                | Fax   | 858 / 882 - 3650 |     |            |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Paul Seckendorf

Signature 

Date December 3, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.